



Legislative Bulletin.....May 20, 2002

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H.R. 3253—Department of Veterans Affairs Emergency Preparedness Research, Education, and Bio-Terrorism Prevention Act (Smith, Chris)

Order of Business: The bill is scheduled to be considered on Monday, May 20th, under a motion to suspend the rules and pass the bill.

Summary: H.R. 3253 would authorize \$20 million for each of fiscal years 2003-2007 for the Department of Veterans Affairs to establish at least four medical emergency preparedness centers within VA medical centers and using VA staff. The mission of the centers would be to:

- “carry out research on and develop methods of detection, diagnosis, vaccination, protection, and treatment for chemical, biological, and radiological threats to the public health and safety;
- “provide education, training, and advice to health-care professionals, including health-care professionals outside the Veterans Health Administration; and
- “provide contingent rapid response laboratory assistance and other assistance to local health care authorities in the event of a national emergency.”

The centers would have to be selected on a competitive and regionally diverse basis. At least one would have to focus on chemical threats; at least one would have to focus on biological threats; and at least one would have to focus on radiological threats. Each center would also have to be affiliated with a qualifying medical school, qualifying school of public health, and

other such educational institutions. The VA would be required to seek the advice of toxicological, biohazards, and radiological experts in establishing the centers.

The Under Secretary for Health in the VA could allocate additional funds to the centers from pre-existing accounts for medical care and medical and prosthetics research.

Each center would be required to conduct research, with funds from public and private sources, if so desired, on improved medical preparedness to protect the nation from threats in the area of that center's expertise. Such research would be made available to the health care providers and the appropriate federal agencies.

The Secretary of Veterans Affairs could provide assistance requested by appropriate federal, state, and local civil and criminal authorities in investigations, inquiries, and data analyses, as necessary to protect the public safety and prevent or obviate chemical, biological, or radiological threats.

H.R. 3253 would also direct the Secretary of Veterans Affairs and the Secretary of Defense to establish, within 90 days of this bill's enactment, a joint program to develop and disseminate a series of model education and training programs on the medical responses to the consequences of terrorist activities. This joint program would include, at a minimum, training for health care professionals and students at various levels in the following:

- Recognition of chemical, biological, and radiological agents that may be used in terrorist activities;
- Identification of the potential symptoms of those agents;
- Understanding of the potential long-term health consequences, including psychological effects, resulting from exposure to those agents;
- Emergency treatment for exposure to those agents;
- An appropriate course of follow-up treatment, supportive care, and referral;
- Actions that can be taken while providing care for exposure to those agents to protect against contamination; and
- Information on how to seek consultative support and to report suspected or actual use of those agents.

H.R. 3253 would also increase from six to seven the authorized number of Assistant Secretaries of Veterans Affairs and include "operations, preparedness, security, and law enforcement functions" in the job descriptions of the Assistant Secretaries.

Bush Administration Position: On April 10, 2002, Deputy Secretary of Veterans Affairs, Leo MacKay, told the Health Subcommittee of the Veterans' Affairs Committee that the Bush Administration "strongly supports the goals" of H.R. 3253 and believes that the VA's expertise and infrastructure are needed for the nation's response to a biological, chemical, or radiological attack.

Cost to Taxpayers: H.R. 3253 would authorize appropriations of \$20 million in FY2003 and a total of \$100 million over the FY2003-FY2007 period. The bill would not affect mandatory spending or receipts.

Does the Bill Create New Federal Programs or Rules?: Yes. The bill would create new medical emergency preparedness centers, a joint education program between the Departments of Veterans Affairs and Defense, and a new Assistant Secretary of Veterans Affairs. The bill would also allow the VA to assist law enforcement in investigations regarding chemical, biological, and radiological attacks.

Constitutional Authority: The Veterans' Affairs Committee, in House Report 107-471, cites constitutional authority in Article I, Section 8, Clause 1 (regarding Congress' power to "provide for the common Defence and general Welfare of the United States").

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H.R. 4514 — Veterans' Major Medical Facilities Construction Act of 2002 (Jerry Moran)

Order of Business: The bill is scheduled to be considered on Monday, May 20, under a motion to suspend the rules and pass the bill.

Summary: H.R. 4514 authorizes the following 10 Veterans' medical facility construction projects at a total authorization level of \$285 million:

1. Seismic corrections on Building No. 2 at the VA Medical Center in Palo Alto, California, in the amount of \$14,020,000;
2. Seismic corrections on Building No. 4 at the VA Medical Center in Palo Alto, California, in the amount of \$21,750,000;
3. Seismic corrections at the VA Medical Center in San Francisco, California, in the amount of \$31,000,000;
4. Seismic corrections at the VA Medical Center in West Los Angeles, California, in the amount of \$27,200,000;
5. Seismic corrections and clinical improvements at the VA Medical Center in Long Beach, California, in the amount of \$24,600,000;
6. Seismic corrections on Building No. 1 at the VA Medical Center in San Diego, California, in the amount of \$47,100,000;
7. Construction involving the consolidation of the Ambulatory Surgery and Clinical Care facilities at the VA Medical Center in Cleveland, Ohio, in the amount of \$32,500,000;
8. Construction involving the consolidation of VA and DoD health and benefits offices in Anchorage, Alaska, in the amount of \$59,000,000;
9. Construction involving the renovation of certain wards at the VA Medical Center in West Haven, Connecticut, in the amount of \$15,300,000; and,
10. Construction involving the expansion of the Ambulatory Care facility at the VA Medical Center in Tampa, Florida, in the amount of \$18,230,000.

The bill also authorizes the lease of a satellite outpatient clinic in Charlotte, North Carolina, in an amount not to exceed \$2,626,000 and increases the threshold defining a construction

project as “major” from \$4 million to \$6 million. In addition, H.R. 4085 sets criteria for minor construction projects, requiring the Secretary of Veterans’ Affairs to “select projects to improve, replace, renovate, or update facilities” to achieve improvements in seismic protection, fire safety, utility systems, ancillary patient care facilities, access for persons with disabilities or facilities with specialized programs.

Bush Administration Position: In testimony before the Committee on Veterans’ Affairs on April 24, 2002, the Department of Veterans’ Affairs indicated its support for four of the construction projects included in the bill that were also in the President’s budget submission, but stated “**it is premature at this time to recommend additional projects” beyond those four.** The four projects included in the President’s budget were two buildings in Palo Alto, one in San Francisco, and one in Los Angeles.

The Administration also strongly recommended the removal of Section 5 of the introduced bill (Section 6 in the reported bill), which sets criteria for minor construction projects.

The authorization for the lease of a satellite outpatient clinic in Charlotte, North Carolina, was included at the request of the Administration.

Cost to Taxpayers: CBO estimates the bill will cost \$279 million from 2003-2007, subject to appropriations.

Does the Bill Create New Federal Programs or Rules?: The bill would authorize a variety of construction projects and establish requirements for the Secretary of the VA, as described above.

Constitutional Authority: The Committee on Veterans’ Affairs, in House Report 107-473, cites Article I, Section 8, but fails to cite a specific clause.

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H.R. 4015 — Jobs for Veterans Act (Simpson)

Order of Business: The bill is scheduled to be considered on Monday, May 20, under a motion to suspend the rules and pass the bill.

Summary: H.R. 4015 contains the following provisions:

- Gives priority to veterans in employment, training, and placement services provided through any job-training program directly funded, in whole or in part by the Department of Labor.
- Requires recipients of Federal contracts and subcontracts in the amount of \$100,000 or more “to take affirmative action to employ and advance in employment-qualified veterans.” The current threshold amount is \$25,000.

- Authorizes performance incentive awards for states to encourage the “improvement and modernization of employment, training, and placement services” for veterans. Authorizes appropriations for the awards of \$10 million in 2004, \$25 million in 2005, \$50 million in 2006, \$75 million in 2007, \$100 million in 2008, and such sums in 2009 and beyond.
- Makes the position of Deputy Assistant Secretary for Veterans’ Employment and Training at the Department of Labor a career federal civil service position.
- Repeals statutorily defined duties of Disabled Veteran Outreach Program (DVOP) specialists and Local Veteran Employment Representatives (LVERs), leaving such decisions to states.
- Requires the Secretary to grant DVOP and LVER funds to states in proportion to the number of veterans seeking employment.
- Establishes the President’s National Hire Veterans Committee within the Department of Labor to raise employer awareness of the skills of veterans and of the benefits of hiring veterans. Authorizes appropriations of \$3 million each fiscal year from 2003-2005.
- Requires the Secretary, within 18 months of enactment, to provide one-stop services and assistance to veterans through the Internet and other electronic means.
- Authorizes \$1 million for the Department of Labor to conduct a study on the economic benefit of providing employment and training services to veterans.
- Expresses the sense of Congress commending veterans and military service organizations, and encourages them “to provide job placement assistance to veterans who are job-ready.”

Cost to Taxpayers: CBO estimates the bill will cost \$72 million from 2003-2007, subject to appropriations.

Does the Bill Create New Federal Programs or Rules?: Yes, the bill makes a variety of changes to veterans’ job training programs as described above.

Constitutional Authority: No committee report citing constitutional authority is available.

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H.R. 4085 — Veterans’ Compensation Cost-of-Living Adjustment Act of 2002 (Chris Smith)

Order of Business: The bill is scheduled to be considered on Monday, May 20, under a motion to suspend the rules and pass the bill.

Summary: H.R. 4085 would make a variety of changes to veterans’ programs including disability compensation, dependency and indemnity compensation (DIC), housing, insurance, and readjustment benefits. These changes include:

- Allowing surviving spouses of deceased veterans, who remarry after age 65, to continue to receive DIC payments. This provision would apply retroactively to spouses who apply within one year of the bill's enactment.
- Basing annual increases in benefits paid to veterans for disability compensation and to their survivors for DIC on the Social Security cost of living adjustment.
- Lowering home loan guarantee fees paid by qualified members of the selected reserves to the same rate as active duty veterans, reducing the fee from 2-2.75 percent of the loan amount to 1.25-2 percent.
- Increasing the maximum mortgage life insurance coverage provided to certain severely disabled veterans who have received grants for specially adapted housing from the VA from \$90,000 to \$150,000.
- Increasing the annual amount provided to state approving agencies for administrative expenses by \$5 million each year in 2003, 2004 and 2005.

Cost to Taxpayers: CBO estimates that H.R. 4085 would increase direct spending \$123 million from 2003-2007 and \$260 million from 2003-2012.

Does the Bill Create New Federal Programs or Rules?: The bill makes changes to several veterans' programs as described above.

Constitutional Authority: The Committee on Veterans Affairs, in House Report 107-472, cites Article I, Section 8, but fails to cite a specific clause.

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H. R. 4608— To name the Department of Veterans Affairs medical center in Wichita, Kansas, as the “Robert J. Dole Department of Veterans Affairs Medical Center” (Moran, Jerry)

Order of Business: The bill is scheduled to be considered on Monday, May 20, 2002, under a motion to suspend the rules and pass the bill.

Summary: The bill renames the Department of Veterans Affairs Medical and Regional Office Center in Wichita, Kansas, as the “Robert J. Dole Department of Veterans Affairs Medical Center,” after the former Senate Majority Leader.

Additional Information: Before becoming Majority Leader, Robert Dole was awarded the Bronze Star Medal for his heroism and selfless effort to aid a fellow soldier, and two Purple Hearts for the injuries he sustained while serving in the Army. He was awarded the European-African Middle Eastern Campaign medal with two Bronze Stars for participation in the Po Valley and Northern Apennines Campaigns. He is also a recipient of the American Campaign Medal and the World War II Victory Medal.

Cost to Taxpayers: CBO estimates that implementing the bill would have a negligible cost, subject to the availability of appropriated funds.

Does the Bill Create New Federal Programs or Rules?: No.

Constitutional Authority: The Veterans' Affairs Committee (in report #107-474) finds constitutional authority under Article I, Section 8 of the Constitution (Power to “provide for the common Defense and general Welfare of the United States.”) but fails to cite a specific clause.

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H.Con.Res. 314—Recognizing the members of AMVETS for their service to the Nation and supporting the goal of AMVETS National Charter Day (Grucci)

Order of Business: The resolution is scheduled to be considered on Monday, May 20th, under a motion to suspend the rules and pass the bill.

Summary: H.Con.Res. 314 would resolve that the Congress “recognizes the members of AMVETS (American Veterans of World War II, Korea, and Vietnam) for their service to the Nation and supports the goal of AMVETS National Charter Day.”

Additional Background: According to the resolution, AMVETS was chartered by the federal government as a not-for-profit corporation in July of 1947. Membership in AMVETS is open to veterans who have served in the Armed Forces, including the Coast Guard, National Guard, and Reserves, during or since World War II. AMVETS organizes community- and veterans-service efforts across the country.

AMVETS National Charter Day is July 23rd of every year.

Cost to Taxpayers: The resolution would authorize no expenditure.

Does the Bill Create New Federal Programs or Rules?: No.

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H.Con.Res. 165— Expressing the sense of the Congress that continual research and education into the cause and cure for fibroid cancer be addressed (*Millender-McDonald*)

Order of Business: The resolution is scheduled to be considered on Monday, May 20, 2002, under a motion to suspend the rules and pass the bill.

Summary: The non-binding resolution has 10 findings regarding the prevalence of fibroids, (noncancerous growths that develop in the wall of the uterus) and states that Congress resolves that:

- “the Congress recognizes the health and educational needs of women in the United States who may be suffering from fibroids;
- “it is the sense of the Congress that the medical community should explore alternatives to hysterectomies in greater detail, so that women who choose to bear children in their lives may do so, while eliminating recurring fibroids; and
- “the Congress encourages women to pay greater attention to their reproductive health by making regular visits to their OB/GYNs; and encourages women and their physicians to know all safe options available for the prevention and cure of fibroids.”

Cost to Taxpayers: The resolution has no cost.

Does the Bill Create New Federal Programs or Rules?: No.

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H.Con.Res. 309— Recognizing the importance of good cervical health and of detecting cervical cancer during its earliest stages (*Millender-McDonald*)

Order of Business: The resolution is scheduled to be considered on Monday, May 20, 2002, under a motion to suspend the rules and pass the bill.

Summary: The non-binding resolution has six findings noting among other things that in the US each year approximately 12,900 women are diagnosed with, and 4,400 women die from cervical cancer, which “ is primarily caused by the human papillomavirus (HPV)” H.Con.Res. 309 resolves the Congress:

- “recognizes the importance of good cervical health and of detecting cervical cancer during its earliest stages;
- “urges health care facilities and other medical institutions to continue to raise public awareness about cervical cancer and the importance of early detection;
- “urges the people of the United States to learn about cervical cancer and the importance of early detection; and
- “recognizes the survivors of cervical cancer for their tremendous courage and determination.”

Additional Information: The resolution is silent regarding how HPV, the primary cause of cervical cancer, is acquired and transmitted. HPV is the most common sexually transmitted disease (STD), infecting 20 million Americans, and, at some point in their lives, will affect 50-57% of sexually active men and women. The incurable STD is not prevented by condom use.

A June 2000 workshop co-sponsored by USAID, the FDA, CDC, and NIH was held to evaluate the published evidence on latex condoms in regards to their effectiveness against preventing STDs. **“For HPV, the Panel concluded that there was no evidence that condom use reduced the risk of HPV infection.”**

Source: <http://www.hhs.gov/news/press/2001pres/20010720.html>

Despite this science and the fact that over 4,000 Americans die each year from a largely preventable disease, the federal government spends millions of dollars a year encouraging people to use condoms, without adequate warning about the failure of condoms and the risk of cervical cancer.

In 2000, Congress enacted legislation sponsored by Dr. Tom Coburn that requires HHS and their grantees to provide medically accurate information regarding the lack of effectiveness of condoms in preventing HPV as a part of all federally funded STD and sex-education programs.

Cost to Taxpayers: The resolution has no cost.

Does the Bill Create New Federal Programs or Rules?: No.

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